

<i>SERFF Tracking Number:</i>	<i>NYLX-125358410</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>New York Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>37400</i>
<i>Company Tracking Number:</i>	<i>LTCAR0022201A01</i>		
<i>TOI:</i>	<i>LTC03I Individual Long Term Care</i>	<i>Sub-TOI:</i>	<i>LTC03I.001 Qualified</i>
<i>Product Name:</i>	<i>CP Adv Natl Cons - Prod Spec</i>		
<i>Project Name/Number:</i>	<i>CP Adv Natl Cons - Prod Spec/LTCAR0022201A01</i>		

## Filing at a Glance

Company: New York Life Insurance Company			
Product Name: CP Adv Natl Cons - Prod Spec	SERFF Tr Num: NYLX-125358410	State: ArkansasLH	
TOI: LTC03I Individual Long Term Care	SERFF Status: Closed	State Tr Num: 37400	
Sub-TOI: LTC03I.001 Qualified	Co Tr Num: LTCAR0022201A01	State Status: Filed-Closed	
Filing Type: Advertisement	Co Status:	Reviewer(s): Harris Shearer	
	Author: SPI NewYorkLifeInsCoLTC	Disposition Date: 07/17/2008	
	Date Submitted: 11/14/2007	Disposition Status: Filed-Closed	
Implementation Date Requested: 11/14/2007		Implementation Date:	
State Filing Description:			

## General Information

Project Name: CP Adv Natl Cons - Prod Spec	Status of Filing in Domicile:
Project Number: LTCAR0022201A01	Date Approved in Domicile:
Requested Filing Mode: File & Use	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Group Market Size:
Overall Rate Impact:	Group Market Type:
Filing Status Changed: 07/17/2008	
State Status Changed: 07/17/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	
Dear Mr. Shields,	

The above-captioned forms are being submitted for your review. These forms are new and do not replace any previously approved forms.

We consider these advertisements to be invitations to inquire. These advertisements are for use in magazines and/or new paper's. These forms will be available to prospects, clients and the general public.

<i>SERFF Tracking Number:</i>	<i>NYLX-125358410</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>New York Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>37400</i>
<i>Company Tracking Number:</i>	<i>LTCAR0022201A01</i>		
<i>TOI:</i>	<i>LTC03I Individual Long Term Care</i>	<i>Sub-TOI:</i>	<i>LTC03I.001 Qualified</i>
<i>Product Name:</i>	<i>CP Adv Natl Cons - Prod Spec</i>		
<i>Project Name/Number:</i>	<i>CP Adv Natl Cons - Prod Spec/LTCAR0022201A01</i>		

Certain information has been bracketed as variable, such as month, day, year, time, producer name, location, producer email address etc.

We want to have the right to use this piece in other media in PDF format, as images of these pages including New York Life Insurance Company websites, New York Life agents' websites, or other websites advertising New York Life Insurance Company's long-term care insurance policies, such as a sponsoring organization (employer or association) website.

To the best of our knowledge and belief, this filing is complete and is intended to comply with the insurance laws and regulations of your jurisdiction. Should you have any questions or need additional information, please do not hesitate to contact me at 1-800-723-5555, ext. 5584. Thank you for your assistance.

Sincerely,

Susan Byrnes  
Sr. Contract and Compliance Associate

Attachment(s)

## Company and Contact

### Filing Contact Information

Susan Byrnes, Sr. Contracts & Compliance Associate	sbyrnes@newyorklifeltc.com
6200 Bridge Point Parkway Suite 400	(512) 703-5555 [Phone]
Austin, TX 78730-5006	(512) 703-5564[FAX]

### Filing Company Information

New York Life Insurance Company	CoCode: 66915	State of Domicile: New York
6200 Bridge Point Parkway Suite 400	Group Code: 826	Company Type:
Austin, TX 78730	Group Name:	State ID Number:
(512) 703-5555 ext. [Phone]	FEIN Number: 13-5582869	

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SERFF Tracking Number:	NYLX-125358410	State:	Arkansas
Filing Company:	New York Life Insurance Company	State Tracking Number:	37400
Company Tracking Number:	LTCAR0022201A01		
TOI:	LTC03I Individual Long Term Care	Sub-TOI:	LTC03I.001 Qualified
Product Name:	CP Adv Natl Cons - Prod Spec		
Project Name/Number:	CP Adv Natl Cons - Prod Spec/LTCAR0022201A01		

## Filing Fees

Fee Required?	Yes
Fee Amount:	\$100.00
Retaliatory?	No
Fee Explanation:	
Per Company:	No

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
5990368803	\$100.00	11/08/2007

SERFF Tracking Number:	NYLX-125358410	State:	Arkansas
Filing Company:	New York Life Insurance Company	State Tracking Number:	37400
Company Tracking Number:	LTCAR0022201A01		
TOI:	LTC03I Individual Long Term Care	Sub-TOI:	LTC03I.001 Qualified
Product Name:	CP Adv Natl Cons - Prod Spec		
Project Name/Number:	CP Adv Natl Cons - Prod Spec/LTCAR0022201A01		

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Filed-Closed	Rosalind Minor (FM)	07/17/2008	07/17/2008

<i>SERFF Tracking Number:</i>	<i>NYLX-125358410</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>New York Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>37400</i>
<i>Company Tracking Number:</i>	<i>LTCAR0022201A01</i>		
<i>TOI:</i>	<i>LTC03I Individual Long Term Care</i>	<i>Sub-TOI:</i>	<i>LTC03I.001 Qualified</i>
<i>Product Name:</i>	<i>CP Adv Natl Cons - Prod Spec</i>		
<i>Project Name/Number:</i>	<i>CP Adv Natl Cons - Prod Spec/LTCAR0022201A01</i>		

## **Disposition**

Disposition Date: 07/17/2008

Implementation Date:

Status: Filed-Closed

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>NYLX-125358410</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>New York Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>37400</i>
<i>Company Tracking Number:</i>	<i>LTCAR0022201A01</i>		
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<i>Product Name:</i>	<i>CP Adv Natl Cons - Prod Spec</i>		
<i>Project Name/Number:</i>	<i>CP Adv Natl Cons - Prod Spec/LTCAR0022201A01</i>		

<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	AR CvrLtr, AR NAIC Transmittal , AR Filing Sched Form	Filed-Closed	Yes
<b>Form</b>	Sales Pres Inv Ads - Women	Filed-Closed	Yes

SERFF Tracking Number:	NYLX-125358410	State:	Arkansas
Filing Company:	New York Life Insurance Company	State Tracking Number:	37400
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TOI:	LTC03I Individual Long Term Care	Sub-TOI:	LTC03I.001 Qualified
Product Name:	CP Adv Natl Cons - Prod Spec		
Project Name/Number:	CP Adv Natl Cons - Prod Spec/LTCAR0022201A01		

## Form Schedule

### Lead Form Number:

Review	Form	Form Type	Form Name	Action	Action Specific	Readability	Attachment
Status	Number				Data		
Filed-	356493CV-	Advertising	Sales Pres Inv Ads -	Initial		0	356493CV-A -
Closed	A - D		Women				D.PDF



[ PHOTO ]

HERE'S TO  
**a long life**

A FREE SALES PRESENTATION SEMINAR  
FOR WOMEN ABOUT  
LONG-TERM CARE INSURANCE  
FROM  
NEW YORK LIFE INSURANCE COMPANY

**[Month, Day, Year]**  
**[Time]**

Did you know, women are more likely than men to become caregivers for aging or disabled family members? And often, women must juggle these caregiver duties with being a parent, managing a household and even a full-time job. Now think about what would happen if, one day, you needed care yourself. What impact could it have on your family, your plans for retirement, your quality of life?

You are invited to a free, informational workshop about important issues facing women and long-term care planning. Learn how long-term care insurance can be an important part of your retirement plan. Call [Producer phone] today to reserve your space at this event.

[Sales Presentation location]

[Address 1]

[Address 2]

[City, state and zip]

**[Producer Name]**

[CA Producer License # - CA Only]

[Producer phone number]

[producer e-mail address]

*The Company You Keep®*

This is for solicitation of insurance. An insurance producer may contact you. © 2007 New York Life Insurance Company, 51 Madison Avenue, New York, NY 10010. All rights reserved.



1/2 vertical AD



# HERE'S TO a long life

A FREE SALES PRESENTATION  
FOR WOMEN ABOUT  
LONG-TERM CARE INSURANCE  
FROM  
NEW YORK LIFE INSURANCE COMPANY

**[Month, Day, Year]**  
**[Time]**

Did you know, women are more likely than men to become caregivers for aging or disabled family members? And often, women must juggle these caregiver duties with being a parent, managing a household and even a full-time job. Now think about what would happen if, one day, you needed care yourself. What impact could it have on your family, your plans for retirement, your quality of life?

You are invited to a free, informational workshop about important issues facing women and long-term care planning. Learn how long-term care insurance can be an important part of your and your family's retirement plan. Call [Producer phone] today to reserve your space at this event.

[Sales Presentaion Location]  
[Any town, USA]

**[Producer Name]**  
[CA License # - CA only]  
[Producer phone]  
[producer e-mail address]

*The Company You Keep®*

356493CV-B

This is for solicitation of insurance. An insurance producer may contact you.  
© 2007 New York Life Insurance Company, 51 Madison Avenue, New York, NY 10010. All rights reserved.

1/8 AD



HERE'S TO  
a long life  
.....  
A FREE SALES PRESENTATION  
SEMINAR FOR WOMEN ABOUT  
LONG-TERM CARE INSURANCE

**[Month] [Day]**  
**[Time]**

[Sales Presentation Location] [ Any town, USA]

Call [Producer Name] at [Producer number]  
to reserve your space today.

356493CV-C

[CA License # - CA Only]

This is for the solicitation of insurance. An insurance producer may contact you.  
© 2007 New York Life Insurance Company, 51 Madison Avenue, New York, NY 10010. All rights reserved.

1/4 vertical AD



HERE'S TO  
a long life  
.....  
A FREE SALES PRESENTATION  
FOR WOMEN ABOUT  
LONG-TERM CARE INSURANCE

You are invited to a free, informational workshop about important issues facing women and long-term care planning. Learn how long-term care insurance can be an important part of your and your family's retirement plan. Call [Producer phone] today to reserve your space at this event.

**[Month ] [Day]**  
**[Time]**

[Sales Presentation Location] [Anytown, USA]

**[Producer Name]**  
[CA License # - CA only]  
[Producer phone]  
[producer e-mail address]

*The Company You Keep®*

356493CV-D

This is for solicitation of insurance. An insurance producer may contact you.  
© 2007 New York Life Insurance Company, 51 Madison Avenue, New York, NY 10010. All rights reserved.

<i>SERFF Tracking Number:</i>	<i>NYLX-125358410</i>	<i>State:</i>	<i>Arkansas</i>
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<i>TOI:</i>	<i>LTC03I Individual Long Term Care</i>	<i>Sub-TOI:</i>	<i>LTC03I.001 Qualified</i>
<i>Product Name:</i>	<i>CP Adv Natl Cons - Prod Spec</i>		
<i>Project Name/Number:</i>	<i>CP Adv Natl Cons - Prod Spec/LTCAR0022201A01</i>		

## **Rate Information**

Rate data does NOT apply to filing.

SERFF Tracking Number:	NYLX-125358410	State:	Arkansas
Filing Company:	New York Life Insurance Company	State Tracking Number:	37400
Company Tracking Number:	LTCAR0022201A01		
TOI:	LTC03I Individual Long Term Care	Sub-TOI:	LTC03I.001 Qualified
Product Name:	CP Adv Natl Cons - Prod Spec		
Project Name/Number:	CP Adv Natl Cons - Prod Spec/LTCAR0022201A01		

## Supporting Document Schedules

<b>Satisfied -Name:</b>	AR CvrLtr, AR NAIC Transmittal , AR Filing Sched Form	<b>Review Status:</b>	Filed-Closed	07/17/2008
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### Comments:

### Attachments:

AR CvrLtr.PDF  
AR NAIC Transmittal .PDF  
AR Filing Sched Form.PDF



**New York Life Insurance Company**

*Long-Term Care Division*

6200 Bridge Point Parkway, Suite 400

Austin, Texas 78730-5006

Bus: 800--723-5555 x 5584

Fax: 512-703-5564

E-mail: [sbyrnes@newyorklifelife.com](mailto:sbyrnes@newyorklifelife.com)

[www.newyorklifelife.com](http://www.newyorklifelife.com)

**Susan Byrnes**

Senior Contracts and Compliance Associate

November 7, 2007

Mr. John Shields  
Officer in Charge of Health Compliance  
Life and Health Division  
Arkansas Department of Insurance  
1200 West Third St.  
Little Rock, AR 72201-1904

Re: New York Life Insurance Company  
NAIC # 826-66915; FEIN # 13-5582869  
Long-Term Care Advertising Form Number: 356493CV-A, 356493CV-B, 356493CV-C & 356493CV-D

Dear Mr. Shields,

The above-captioned forms are being submitted for your review. These forms are new and do not replace any previously approved forms.

We consider these advertisements to be invitations to inquire. These advertisements are for use in magazines and/or new paper's. These forms will be available to prospects, clients and the general public.

Certain information has been bracketed as variable, such as month, day, year, time, producer name, location, producer email address etc.

We want to have the right to use this piece in other media in PDF format, as images of these pages including New York Life Insurance Company websites, New York Life agents' websites, or other websites advertising New York Life Insurance Company's long-term care insurance policies, such as a sponsoring organization (employer or association) website.

To the best of our knowledge and belief, this filing is complete and is intended to comply with the insurance laws and regulations of your jurisdiction. Should you have any questions or need additional information, please do not hesitate to contact me at 1-800-723-5555, ext. 5584. Thank you for your assistance.

Sincerely,


A handwritten signature in cursive script that reads "Susan Byrnes".


Susan Byrnes  
Sr. Contract and Compliance Associate

Attachment(s)

**Life, Accident & Health, Annuity, Credit Transmittal Document**

<b>1.</b>	<b>Prepared for the State of</b>	Arkansas					
<b>2.</b>	<b>Department Use Only</b>						
	<b>State Tracking ID</b>						
N/A							
<b>3.</b>	<b>Insurer Name &amp; Address</b>	<b>Domicile</b>	<b>Insurer License Type</b>	<b>NAIC Group #</b>	<b>NAIC #</b>	<b>FEIN #</b>	<b>State #</b>
	New York Life Insurance Company 6200 Bridge Point Parkway Suite 400 Austin, Texas 78730-5006	New York	N/A		826-66915	13-5582869	
<b>4.</b>	<b>Contact Name &amp; Address</b>	<b>Telephone #</b>		<b>Fax #</b>	<b>E-mail Address</b>		
	Susan Byrnes New York Life Insurance Company 6200 Bridge Point Parkway Austin, Texas 78730-5006	1-800-723-5555 x 5584		512-703-5575	<a href="mailto:sbyrnes@newyorklifeltc.com">sbyrnes@newyorklifeltc.com</a>		
<b>5.</b>	<b>Requested Filing Mode</b>	<input checked="" type="checkbox"/> Review & Approval <input type="checkbox"/> File & Use <input type="checkbox"/> Informational <input type="checkbox"/> Combination (please explain): _____ <input type="checkbox"/> Other (please explain): _____					
<b>6.</b>	<b>Company Tracking Number</b>	356493CV-A, 356493CV-B, 356493CV-C & 356493CV-D					
<b>7.</b>	<input checked="" type="checkbox"/> New Submission <input type="checkbox"/> Resubmission      Previous file # _____						
<b>8.</b>	<b>Market</b>	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Franchise <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 40%;">Group</div> <div style="width: 60%;"> <input type="checkbox"/> Small      <input type="checkbox"/> Large      <input type="checkbox"/> Small and Large  <input type="checkbox"/> Employer      <input type="checkbox"/> Association      <input type="checkbox"/> Blanket  <input type="checkbox"/> Discretionary      <input type="checkbox"/> Trust  <input type="checkbox"/> Other: _____         </div> </div>					
<b>9.</b>	<b>Type of Insurance</b>	LTC 03I Individual Long-Term Care					
<b>10.</b>	<b>Product Coding Matrix Filing Code</b>	<b><u>LTC03L001 Qualified</u></b>					
<b>11.</b>	<b>Submitted Documents</b>	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <input type="checkbox"/> <b><u>FORMS</u></b>  <input type="checkbox"/> Policy  <input type="checkbox"/> Application/Enrollment  <input type="checkbox"/> Schedule of Benefits         </div> <div style="width: 33%;"> <input type="checkbox"/> Outline of Coverage  <input type="checkbox"/> Rider/Endorsement  <input type="checkbox"/> Other         </div> <div style="width: 33%;"> <input type="checkbox"/> Certificate  <input checked="" type="checkbox"/> Advertising         </div> </div> <b><u>Rates</u></b> <input type="checkbox"/> New Rate <input type="checkbox"/> Revised Rate					
<input type="checkbox"/> <b>FILING OTHER THAN FORM OR RATE:</b> Please explain: _____							
<b><u>SUPPORTING DOCUMENTATION</u></b>							
<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Articles of Incorporation  <input type="checkbox"/> Association Bylaws  <input type="checkbox"/> Statement of Variability  <input type="checkbox"/> Actuarial Memorandum  <input type="checkbox"/> Other _____         </div> <div style="width: 50%;"> <input type="checkbox"/> Third Party Authorization  <input type="checkbox"/> Trust Agreements  <input type="checkbox"/> Certifications         </div> </div>							

<b>12.</b>	<b>Filing Submission Date</b>	November 14, 2007	
<b>13.</b>	<b>Filing Fee (If required)</b>	Amount	\$100.00
		Retaliatory <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Check Date	11-08-07
		Check Number	5990368803
<b>14.</b>	<b>Date of Domiciliary Approval</b>	N/A	
<b>15.</b>	<b>Filing Description:</b>		
	<p>The above-captioned forms are being submitted for your review. These forms are new and do not replace any previously approved forms.</p> <p>We consider these advertisements to be invitations to inquire. These advertisements are for use in magazines and/or new paper's. These forms will be available to prospects, clients and the general public.</p> <p>Certain information has been bracketed as variable, such as month, day, year, time, producer name, location, producer email address etc.</p> <p>We want to have the right to use this piece in other media in PDF format, as images of these pages including New York Life Insurance Company websites, New York Life agents' websites, or other websites advertising New York Life Insurance Company's long-term care insurance policies, such as a sponsoring organization (employer or association) website.</p> <p>To the best of our knowledge and belief, this filing is complete and is intended to comply with the insurance laws and regulations of your jurisdiction. Should you have any questions or need additional information, please do not hesitate to contact me at 1-800-723-5555, ext. 5584. Thank you for your assistance.</p> <p>Sincerely,</p> <p></p> <p>Susan Byrnes Sr. Contract and Compliance Associate</p>		

<b>16.</b>	<b>Certification (If required)</b>	
<p><b>I HEREBY CERTIFY</b> that I have reviewed the applicable filing requirements for this filing, and complies with all applicable statutory provisions for the state of <u>Arkansas</u>.</p> <p>Print Name <u>Michael Francescone</u> Title <u>VP &amp; Actuary</u></p> <p>Original Signature  Date <u>November 7, 2007</u></p>		

<b>17.</b>	<b>Form Filing Attachment</b>	
<b>This filing transmittal is part of company tracking number</b>		<b>N/A</b>
<b>This filing corresponds to rate filing company tracking number</b>		<b>N/A</b>

	Document Name	Form Number		Replaced Form Number
	Description			Previous State Filing Number
01	1 <sup>st</sup> Sales Pres Inv Ad for Women Advertising	351662CV-A	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	N/A N/A
02	2 <sup>nd</sup> Sales Pres Inv Ad for Women Advertising	351662CV-B	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	N/A N/A
03	3 <sup>rd</sup> Sales Pres Inv Ad for Women Advertising	351662CV-C	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	N/A N/A
04	4 <sup>th</sup> Sales Pres Inv Ad for Women Advertising		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	N/A N/A
05			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
11			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
12			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	

LH-FFA-1

13			<input type="checkbox"/> Initial	
			<input type="checkbox"/> Revised	
14			<input type="checkbox"/> Other _____	N/A
			<input type="checkbox"/> Initial	N/A
15			<input type="checkbox"/> Revised	
			<input type="checkbox"/> Other _____	
16			<input type="checkbox"/> Initial	N/A
			<input type="checkbox"/> Revised	N/A
17			<input type="checkbox"/> Other _____	
			<input type="checkbox"/> Initial	N/A
18			<input type="checkbox"/> Revised	N/A
			<input type="checkbox"/> Other _____	
19			<input type="checkbox"/> Initial	N/A
			<input type="checkbox"/> Revised	N/A
20			<input type="checkbox"/> Other _____	
			<input type="checkbox"/> Initial	N/A
21			<input type="checkbox"/> Revised	N/A
			<input type="checkbox"/> Other _____	N/A
22			<input type="checkbox"/> Initial	N/A
			<input type="checkbox"/> Revised	N/A
23			<input type="checkbox"/> Other _____	N/A
			<input type="checkbox"/> Initial	N N/A
24			<input type="checkbox"/> Revised	N/A /A
			<input type="checkbox"/> Other _____	
25			<input type="checkbox"/> Initial	N/A
			<input type="checkbox"/> Revised	N/A
26			<input type="checkbox"/> Other _____	
			<input type="checkbox"/> Initial	N/A
			<input type="checkbox"/> Revised	N/A
			<input type="checkbox"/> Other _____	

LH-FFA-2



18. Rate Filing Attachment				
This filing transmittal is part of company tracking number			N/A	
This filing corresponds to form filing company tracking number			N/A	
Overall percentage rate indication (when applicable)			N/A	
Overall percentage rate impact for this filing			%	
	Document Name Description	Affected Form Numbers		Previous State Filing Number
01			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	N/A
02			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	

LH RFA-1

\*\*\* THESE FEES ARE PAYABLE AS REQUIRED IN ARK. CODE ANN §23-61-401